

mittent fever treated in the service of Dr. Austin Flint, at Bellevue Hospital, with the sulphite of soda and the sulphite of ammonia.

The following are the conclusions which he draws from these cases:—

"1st. That in a few cases the paroxysms of intermittent fever are relieved, and possibly arrested, by the sulphite of soda or sulphite of ammonia.

"2d. That in the large majority of cases these remedies fail entirely to arrest the paroxysms, or to lessen either their severity or frequency.

"3d. That these remedies require to be given in large doses for a length of time to effect any appreciable improvement.

"4th. That, when given in doses sufficient to modify or arrest the paroxysms, they produce considerable irritation of the stomach and intestinal canal.

"5th. That as remedies for intermittent fever they are in every respect vastly inferior to quinia."

*Infusion of the Leaves of the Chestnut (Castanea Vesca) in Hooping-cough.*—Dr. J. LUDLOW, of Cincinnati, states (*Cincinnati Lancet and Observer*, March, 1869) that he has used, at the suggestion of Dr. UNZICKER, the infusion of the leaves of the chestnut for the relief of the spasm in pertussis, and found it eminently efficacious. "I have found," he says, "in all cases that it would, in from five to ten days, relieve the spasm, and in about two weeks cure it; and the little sufferer would hoop no more, but go on to a speedy recovery, to the great delight of myself and its friends.

"I make an infusion of the leaves, by taking one-half of an ounce of them to the pint of boiling water, and afterward add to this a pint of cold water, to which is added sufficient of white sugar to make it palatable to the patient, and give of this, cold, as much as I can get the patient to take during the day and evening. Giving it to drink in place of cold water, the child soon gets to like it, and I have no trouble in getting a sufficient quantity taken to produce the desired result. This remedy I believe of such importance, that I would urge it upon the attention of the profession at large."

*Distal Operation for the Cure of Aneurism of the Innominata.*—Dr. HENRY B. SANDS records (*Medical Record*, Feb. 1, 1869) the case of a woman, æt. 43, admitted into Bellevue Hospital with an aneurism of the innominata. A soft, pulsating tumour existed at the root of the neck and behind the right sterno-clavicular joint, the bones composing which had evidently undergone partial absorption. The external swelling rose about two inches above the clavicle, and extended from a point a little to the left of the median line, to the clavicular portion of the right sterno-mastoid muscle, the sternal portion of the latter being stretched over its anterior surface. It could be most distinctly felt where it lay in contact with the front and right side of the trachea; and in these situations, as well as opposite to the sterno-clavicular articulation, the pulsation could be both seen and felt. On auscultation, a double murmur was heard not only over the tumour, but also over the præcordial region; and it was difficult to decide whether this depended on the aneurismal disease, or on coincident disease of the valves of the heart. The diastolic murmur, however, was heard with greatest intensity at the junction of the fourth costal cartilage with the left side of the sternum; and the observations made with the sphygmograph by my friend Dr. Draper, are thought by him to indicate the presence of aortic regurgitation.

After reflecting upon the best course to pursue, I decided to tie the common carotid artery above the tumour, and at the same time, also, the subclavian artery, in the third part of its course. I performed this operation, with the consent and assistance of my colleagues, on the 16th of July last. Ether was administered, and the carotid artery secured at the point of election, just above the omo-hyoid muscle. The subclavian was reached by a single straight incision, made a little above the clavicle. The vessel was easily found and secured. I passed the aneurism needle from above downward, to avoid including one of the cords of the brachial plexus, which overlay the artery. Both the carotid and subclavian arteries appeared healthy at the points where the ligatures were applied. When the latter were tightened, no sensible change was observed,